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Patent
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

TSENG, et al.

Application No.: 09/373,014

Filed: August 11, 1999

For: VCD-ON-DEMAND SYSTEM
AND METHOD

Group Art Unit: 2123

Examiner: Thangavelu, K.

Confirmation No.: 2128

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I certify that this paper is being deposited with the U.S. Postal Service as first Class Mail with sufficient postage addressed to Mail Top - RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 15, 2003.

Paula S. Cunningham
Paula S. Cunningham

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REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

Technology Center 2100

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No. 21839

Sir:

Applicant(s) requests continued examination under 37 C.F.R. §1.114 and authorizes the charge of \$375.00 fee (2801) to our deposit account 02-4800 under 37 C.F.R. §1.17(e).

1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

☒ B. Applicant(s) previously submitted the following documents for which continued examination is requested:

☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on June 10, 2003.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

☐ Other: _____

2. The following documents are enclosed with this submission:

- ☐ Amendment/Reply.
- ☐ Affidavit(s)/Declaration(s).
- ☐ Information Disclosure Statement (IDS).
- ☐ Petition for Extension of Time.
- ☐ Other: _____

3. ☒ Small entity status is hereby claimed.

☐ No additional claim fee is required.

☐ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims	22	MINUS 20 =	0	× \$18.00 (1202) =	0
Independent Claims	2	MINUS 3 =	0	× \$84.00 (1201) =	0
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					750.00
If small entity status is claimed, subtract 50% of Total Fee					375.00
TOTAL FEE DUE					375.00

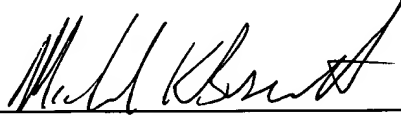
4. ☐ A check in the amount of \$_____ is enclosed for the fee due.
5. ☒ Charge \$ 375.00 to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: August 15, 2003

By: 
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